





**City  
of  
Milwaukee**

# TRANSIENT MERCHANT LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238

E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)  
☐ Corporation or LLC (Fill out Section B, C, & D)

<b>A</b>	<b>INDIVIDUAL OR PARTNER #1:</b> Full Name (Last, First & Middle Initial)		<b>PARTNER #2:</b> Full Name (Last, First & Middle Initial)	
	Permanent Street Address:		Permanent Street Address:	
	Permanent City, State, Zip Code:		Permanent City, State, Zip Code:	
	Home Phone Number: (   )   -		Home Phone Number: (   )   -	
	Date of Birth:		Date of Birth:	
<b>B</b>	Business Name:		Business Phone Number: (   )   -	
	Business Address (include City, State, Zip Code):			
	Address of Local Sale:		Local Sale Telephone Number: (   )   -	
	Temporary Street Address of Applicant:			
	Temporary City, State, Zip Code		Temporary Telephone Number: (   )   -	
	Nature of Business to be conducted, a brief description of the things intended to be bought, sold, disposed or contracted for, and proposed method of delivery of goods, if applicable:			
	Date(s) of Sale:			
	Will you use a vehicle in your business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does your business utilize weighing or measuring devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state type and attach certificate from the sealer of weights and measures:			
	Have you had a city of Milwaukee license denied or revoked in the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what reason(s)?			
	Last location where applicant conducted a similar business:			
Place where applicant can be contacted at least 7 days after leaving the city of Milwaukee:				
Do you have knowledge of the city ordinances currently regulating transient merchants? <input type="checkbox"/> Yes <input type="checkbox"/> No				

OVER

<b>Full Name of corporation or limited liability company:</b>	
<i>Agent:</i>	
Full Name (Last, First & Middle Initial):	Home Phone Number: (     )     -
Permanent Home Address (include City, State & Zip Code):	Date of Birth:
<div style="display: flex; justify-content: space-between;"> <span><i>President/Member</i></span> <span><i>Vice President/Member</i></span> </div>	
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Permanent Home Street Address:	Permanent Home Street Address:
Permanent City, State, Zip Code:	Permanent City, State, Zip Code:
Home Phone Number: (     )     -	Home Phone Number: (     )     -
Date of Birth:	Date of Birth:
<div style="display: flex; justify-content: space-between;"> <span><i>Secretary/Member</i></span> <span><i>Treasurer/Member</i></span> </div>	
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Permanent Home Street Address:	Permanent Home Street Address:
Permanent City, State, Zip Code:	Permanent City, State, Zip Code:
Home Phone Number: (     )     -	Home Phone Number: (     )     -
Date of Birth:	Date of Birth:
<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</b></p> <p><b>SUBSCRIBED AND SWORN TO BEFORE ME THIS</b></p> <p>_____ day of _____, 20_____</p> <p style="text-align: right;">_____ Individual/Agent of Corp or LLC/Partner</p> <p>_____ Notary Public, State of Wisconsin My commission expires _____</p> <p style="text-align: right;">_____ Officer of Corp/Member of LLC/Partner</p>	

**Office Use Only:**

**Initials:** \_\_\_\_\_ **Filed:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Issued:** \_\_\_\_\_